



InsureKidsNow.gov
Connecting Kids to Coverage

Description of Dental Benefits for Children in Vermont

Children's Dental Services

Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			1 x 6 months	PA required for more frequent treatment.
Fluoride treatments (including fluoride varnishes)	X			1 x 6 months	PA required for more frequent treatment.
Sealants (list any tooth-specific limits)	X			1 x every 5 years	Permanent 1st & 2nd molars. Allow for sealants on bicuspid & deciduous 2nd molars. PA required for more frequent treatment.
Space maintainers	X			1 x 6 months	PA required for more frequent treatment.



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Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
Dental examinations						
	X			1 x every 3 years	PA required for more frequent treatment.	6 months of eruption of 1st tooth
X-Rays						
Bitewing	X			1 x 6 months	PA required for more frequent treatment.	
Full Mouth	X			1 x 6 months	PA required for more frequent treatment.	
Panoramic	X			1 x 6 months	PA required for more frequent treatment.	



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Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X				1 identical restoration per tooth per year. PA required for more frequent treatment.	
Tooth colored composite	X				1 identical restoration per tooth per year. PA required for more frequent treatment.	
Crowns/tooth caps						
Stainless steel crowns	X				1 per tooth every 2 years. PA required for more frequent treatment.	
Metal (only) crowns	X				Crowns are limited to 1 per tooth every 2 years. PA required for more frequent treatment.	
Metal/porcelain crowns	X				Crowns are limited to 1 per tooth every 2 years. PA required for more frequent treatment.	
Porcelain (only) crowns	X				Crowns are limited to 1 per tooth every 2 years. PA required for more frequent treatment.	



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	Yes	Only with prior authorization	No			
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X				1 tooth per lifetime. PA required for more frequent treatment.	
Root canals on permanent teeth	X				1 tooth per lifetime. PA required for more frequent treatment.	
Gum (periodontal) therapy						
	X				Limited to 4 procedures per patient per lifetime. PA required for more frequent treatment.	
Dentures						
Partial dentures		X			1 denture per Arch every 5 years. PA required for more frequent treatment.	
Complete dentures		X			1 denture per Arch every 5 years. PA required for more frequent treatment.	
Bridges	X				One per tooth per two years. PA required for more frequent treatment.	
Orthodontics*						
Retainers (orthodontic)		X			see criteria for braces coverage	



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Braces		X			see criteria for braces coverage	Need to meet 1 major criteria and 2 minor diagnostic criteria. Major criteria are: cleft palate, 2 impacted cuspids, posterior crossbite of 3 or more teeth, or severe cranio-facial syndrome (treacher-Collins syndrome, Marfan syndrome, Pierre Robin syndrome, etc). Minor criteria are: 1 impacted cuspid, 2 blocked cuspids, 3 congenial missing teeth, open bite of 4 or more teeth, crowding, anterior cross
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Braces		X			see criteria for braces coverage	bite of 3 or more teeth, traumatic deep bite impinging on palate, or overjet of 8mm.
Oral surgery						
Simple extractions	X					
Surgical extractions	X					
Care of abscesses	X					
Cleft palate treatment					Covered under Medical services	
Cancer treatment	X					
Treatment of fractures					Covered under Medical services	
Biopsies	X					
Treatment of jaw joint problems (TMJ)						
	X				For occusal orthotic appliances only. There is surgical coverage under Medical services.	
Emergency room services provided by a dentist						
	X				Services provided in an emergency room would be reimbursed.	
Inpatient Hospital Services						



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	Yes	Only with prior authorization	No			
Anesthesia						
General anesthesia	X					
Intravenous conscious sedation	X					
Non-intravenous conscious sedation	X					
Analgesia (nitrous oxide)	X					

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).